

Please completely fill in the circles (●) when answering the questions.

1. To create your unique ID number, use the month of your birth, the day of your birth, and the last four digits of your social security number. For example, May 29, 123-45-6789 has the ID number 05296789. Unique ID Number

Today's Date

2. Your Profession/Discipline (Select one)
Advanced Practice Nurse Pharmacist
Dentist Physician
Mental Health Professional Physician Assistant
Nurse Social Worker
Nurse Practitioner Substance Abuse Professional
Other Dental Professional Other (specify)

3. Your Primary Functional Role (Select one)
Administrator/Supervisor Student/Graduate Student
Care Provider/Clinician Teacher/Faculty
Case Manager Other (specify)
Intern/Resident Not Working
Researcher

4. Your Principal Employment Setting (Select one)
Community/Migrant Health Center Substance Abuse Treatment Prog.
Community Mental Health Center STD/Family Planning Clinic
Correctional Facility Tribal/Indian Health Service
HMO/Managed Care Organization Other Community-Based Service Organization (CBO)
Hospital or Hospital-Based Clinic Other Public Health Agency
Rural Health Center Other Health Care
Solo/Group Private Practice Non-health
State/Local Health Department Not Working

Questions 5-7 are about your principal employment setting

5. Is it a faith-based organization? Yes No Don't Know

6. Zip Code/Setting Rural Urban

7. Does the agency receive Ryan White CARE Act funding? Yes No Don't Know

7a. If you don't know, write the full name of your employer:

8. Are you of Hispanic, Latino, or Spanish origin? Yes No

8a. Your Racial Background (Select all that apply)
White Native Hawaiian/Other Pacific Islander
Black or African American
Asian American Indian/Alaska Native

9. Your Gender Female Male Transgender
10. Which of the following statements describes the way in which you most often provide services for HIV/AIDS patients (Select one)
Not applicable/Do not see patients (Skip the rest of this form)
Refer/transfer HIV+ patients for all medical care
Provide primary care and refer/transfer HIV+ patients for HIV treatment only
Provide all HIV treatment and refer/transfer for primary care
Provide all medical care and refer/transfer when antiretroviral treatment fails
Provide all medical care throughout the course of the disease

11. Estimate the NUMBER of HIV+ clients/patients you have personally treated/managed in practice in the past month. Don't Know

For questions 12-18, estimate the PERCENTAGE of your HIV+ clients/patients in the past YEAR who were:

12. Racial or Ethnic Minorities
None 1-24% 25-49% 50-74% ≥75% Don't Know

13. On Antiretroviral Therapy
None 1-24% 25-49% 50-74% ≥75% Don't Know

14. Severely/Persistently Mentally Ill
None 1-24% 25-49% 50-74% ≥75% Don't Know

15. Substance Users
None 1-24% 25-49% 50-74% ≥75% Don't Know

16. Uninsured
None 1-24% 25-49% 50-74% ≥75% Don't Know

17. Women
None 1-24% 25-49% 50-74% ≥75% Don't Know

18. Incarcerated/Parolees
None 1-24% 25-49% 50-74% ≥75% Don't Know

PUBLIC BURDEN STATEMENT: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number. The OMB control number for this project is 0915-0281. Public reporting burden for this collection of information is estimated to be 10 minutes per form. These estimates include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

For Office Use Only May 2004 AETC Subsite Program Number Agency RWCA Yes No Don't Know 26836

